

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2002 — 0 — 4

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 17.24

b. FFY 2004 \$ 18.91

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Exhibit 12a pages 1 and 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A Exhibit 12a pages 1 and 3

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a result of the passage of HB 1200 during the 2002 Legislative Session. It reduces the number of prescriptions for recipients from 10 per month to 7 per month with prior approval after 5.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

April 25, 2002

16. RETURN TO:

Rica Lewis-Payton, Executive Director  
Miss. Division of Medicaid  
239 North Lamar Street, Suite 301  
Jackson, MS 39201-1399

Attn: Rose Compere

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

April 29, 2002

18. DATE APPROVED:

May 23, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

21. TYPED NAME:

Eugene A. Grasser

23. REMARKS:

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED**

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12a. Prescribed Drugs: Prescriptions and/or refills, not to exceed seven (7) per month per beneficiary.

Drugs for which medical assistance reimbursement is available are limited to covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication.

As provided by Section 1927 (d) of the Act, the following drugs may be excluded from coverage as authorized by the Executive Director of the Division of Medicaid:

- (a) drugs for anorexia, weight loss or weight gain;
- (b) drugs to promote fertility;
- (c) drugs used for cosmetic purposes or hair growth;
- (d) drugs for symptomatic relief of cough and colds;
- (e) drugs for promotion of smoking cessation;
- (f) prescription vitamins and mineral products;
- (g) barbiturates;
- (h) drugs designated less than effective by the FDA (DESI drugs);
- (i) drugs for which manufacturers require associated test or monitoring services be purchased exclusively from the manufacturer or its designer;
- (j) benzodiazepines;
- (k) drugs produced by manufacturers who have not signed rebate agreements with the Secretary of the Department of Health and Human Services as required by OBRA '90;
- (l) over-the-counter drugs.

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TN # 2002-08

Superseded TN # 2000-02

Date Effective JUN 01 2002  
Date Approved MAY 23 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A

Exhibit 12a

STATE: Mississippi

Page 3

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED

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- Drug prior authorization requests will be reviewed and a determination notice provided within 24 hours from receipt of request by telephone or other telecommunications device. In emergency situations, the Division will allow payment for a 72-hour supply of drugs that are to be authorized.
- The Division of Medicaid will not exclude for coverage new drugs (except excluded/restricted drugs specified in Section 1927 [d] [1]-[2]) of participating manufacturers.
- The Medicaid provider shall not prescribe, the Medicaid pharmacy shall not bill and the Division shall not reimburse for name brand drugs if there are equally effective generic equivalents available and if the generic equivalents are the least expensive.

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TN # 2002-08

Date Effective JUN 01 2002

Superseded TN # 99-03

Date Approved MAY 23 2002